



CITY OF SUGAR LAND

Building Permit Application

Application #: _____

Date Entered: _____

PROJECT ADDRESS: _____

TENANT NAME: _____

PROJECT NAME: _____ SUBDIVISION: _____

LEGAL DESCRIPTION: _____

Lot/Tract Block Section Addition

TYPE OF PERMIT: () New Residential () Pool () Foundation/Piers/Driveway Only
() Residential Remodel () Demolition () Commercial Addition
() Residential Addition () Moving () Commercial Remodel () Commercial Buildout

PROPOSED USE: _____ SQUARE FOOTAGE: _____ VALUATION: _____

COMMERCIAL PROJECTS ONLY

Notice**Ground up commercial projects must fill out a "New Commercial Ground Up" application and have an approved site plan from City Planning Department. Prior to issuance of Building Permit.

TDLR NUMBER: _____ ◀ (If valuation is > \$50,000) Texas Accessibility Standards (ADA 800/803-9202)

☐ No Demolition Required
☐ A copy of the asbestos survey for the area(s) to be renovated/demolished has been included with this permit application. This survey has been done in accordance with the Texas Asbestos Health Protection Rules (TAHPR) and the National Emission Standards for Hazardous Air Pollutants (NESHAP). If there is no survey submitted, then as the owner/operator of the renovation/demolition site, I understand that it is my responsibility to have this asbestos survey conducted in accordance with Texas Asbestos Health Protection Rules (TAHPR) and the National Emission Standards for Hazardous Air Pollutants (NESHAP) prior to a demolition permit being issued by the City of Sugar Land.

Contractor	Street Address	City	State	Zip Code	Phone	Fax
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Owner	Street Address	City	State	Zip Code	Phone	Fax
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Contractor	Street Address	City	State	Zip Code	Phone	Fax
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Engineer	Street Address	City	State	Zip Code	Phone	Fax
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Architect/Designer	Street Address	City	State	Zip Code	Phone	Fax
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Separate permits are required for electrical, plumbing, heating, ventilating, and air conditioning. This permit becomes null or void if work or construction authorized is not commenced within six (6) months, or if construction or work is suspended or abandoned for a period of six (6) months at any time after work is commenced. I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Signature Of Contractor Or Authorized Agent	Printed Name	Company	Date
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Signature Of Owner (If Owner Builder)	Printed Name	Company	Date
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Total Permit Fee:\$ _____

PROJECT DATA SHEET

PROJECT ADDRESS: _____

PROJECT NAME: _____ SUBDIVISION: _____

LEGAL DESCRIPTION: _____
Lot/Tract Block Section Addition

FOR OFFICE USE ONLY:

OCCUPANCY GROUP _____ NUMBER OF STORIES _____

TYPE OF CONSTRUCTION _____ MAX. OCCUPANCY _____

TOTAL SQUARE FOOTAGE _____ FIRE SPRINKLERS _____

NUMBER OF DWELLING UNITS _____ ZONING DISTRICT _____

SPECIAL CONDITIONS

PERMIT FEE\$ _____ PLAN CHECK FEE \$ _____ DEMO FEES\$ _____ TOTAL FEE \$ _____

PLAN REVIEWED BY: _____

APPROVED FOR ISSUANCE BY: _____